Naval Medical Center San Diego

Mental Health Service

CLINICAL PSYCHOLOGY INTERNSHIP TRAINING PROGRAM

TRAINING MANUAL

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PREFACE

The following Manual describes in detail one of three Navy Clinical Psychology Internships. The other Navy Internship sites are at the Walter Reed National Military Medical Center, Bethesda, MD, and the Naval Medical Center Portsmouth, VA.

These sites do not function as a formal *Consortium*, as defined by the American Psychological Association, although their programs are similar and they work in cooperation with one another.

Any application for a Navy Clinical Psychology Internship, which MUST be submitted through the APPIC Match and simultaneously through the applicant's local Navy Medical Programs Recruiter (see Appendix A), is considered by a single Selection Board made up of representatives from the three Navy Internship sites. Any resulting APPIC Match with a Navy internship will be with the specific internship site, and the applicant is asked to rank order his/her site preferences during the APPIC Match process. Therefore, it behooves the applicant to acquire sufficient information about all three sites so that an informed rank ordering can be made.

The three Navy sites will make a reasonable effort to share address lists of persons who write requesting information from any particular site. HOWEVER, it remains the ultimate responsibility of the applicant to seek out the information he/she needs to make his/her choices and decisions.

Additional Navy Internship Addresses of Interest:

Eric Getka, PhD, National Training Director, or
CAPT Richard Bergthold, Ph.D., Training Director
Department of Psychology
Walter Reed National Military Medical Center
Bethesda, MD 20889-5600

(301) 295-2476

CDR Michael Franks, Ph.D.
Psychology Training Director
Naval Medical Center
Portsmouth, VA, 23708

(757) 953-5714

OVERVIEW – JUNE 2015

The APA-accredited internship program in clinical psychology offered by the Directorate of Mental Health at the Naval Medical Center, San Diego is an intensive twelve-month period of clinical and didactic experiences designed to meet three broad goals. The first is to provide the trainee with the experiences and skills fundamental to a broadly-trained clinical practitioner of professional psychology who will, in due course, become licensed to practice in some state, and eventually become Board Certified in some specialty of psychology. The second is to equip the intern with various additional specific clinical skills, personnel evaluation skills, Industrial-Organizational psychology skills, and Community Psychology approaches which are more particular to the practice of clinical psychology within a military health care system, and the Navy population and environment. This second goal is quite important, as graduates of the internship subsequently are required to serve for three years as active duty Navy psychologists after completing the internship. The third goal is to meet the overall requirements for continued accreditation, as established by the American Psychological Association in its various Commission on Accreditation publications.

The internship is organized around a **Practitioner-Scholar** model. Day to day training emphasizes increasing skill in clinical practice, but always with increasing familiarity with and careful reflection on research underpinnings for that practice. We recognize and emphasize that science and practice are interlocking skills forming the foundation of psychological knowledge and practice. The training faculty expects interns to learn to practice clinical psychology in a manner that is informed by psychological theory and research. Although active participation in research is not required as part of the internship, we expect interns to learn about evidence-based practice and to become familiar with interventions that have been supported by research.

Before starting internship, selected applicants are commissioned as Lieutenants in the Navy's Medical Service Corps. During the internship (and subsequent service as active duty Navy psychologists), interns receive full pay and benefits as Navy officers. At the time of this writing, a new Navy Lieutenant in San Diego receives annual pay of $78,748 annually if single, and $81,304 with spouse and/or children. Salary amounts are set, and annual pay raises occur, as determined by the U.S. Congress for all military officers.

The report of the APA Accreditation Site Visit Team in August of 2013 gave the NMCSD Internship high praise and recommended that it be reaccredited for a full seven year period. Subsequently, the full Commission on Accreditation of the American Psychological Association approved the visiting team's recommendation, and the internship is fully APA accredited and scheduled for a re-evaluation visit in 2020.

Questions related to the program's accredited status should be directed to the Commission on Accreditation:

Office of Program Consultation and Accreditation
American Psychological Association
750 First Street, N.E.
Washington, D.C., 20002-4242
(202) 336-5979 E-mail: apaaccred@apa.org Web: www.apa.org/ed/accreditation

APPIC Special Notice: This Internship Program has been a Member of the Association of Psychology Postdoctoral and Internships Centers (APPIC) since the program's beginning in 1990, and conducts intern selection in accordance with the policies and procedures of APPIC. "This internship site agrees to abide by the APPIC Policy that no person at this training facility will solicit, accept or use any ranking-related information from any intern applicant prior to Uniform Notification Day."

We have learned via feedback from former interns that the graduate of a Navy internship typically reports after internship to a professional assignment ("billet") which demands a higher level of independent responsibility and professionalism than his/her professional peer in civilian life. Our teaching faculty has identified, and continues to develop, learning experiences aimed at imparting the skills necessary for effective professional performance at the next Navy duty station. These experiences are organized into a dynamic curriculum, which embodies the principles, and philosophies set forth in the current Accreditation Standards published by the Committee on Accreditation of the American Psychological Association.

The Department of Defense has in recent years devised and implemented a medical Quality Assurance system that is in many ways more comprehensive than some systems in the civilian sector. Central to this system is the mandatory state licensure of clinical psychologists, physicians, nurses and dentists coupled with a stringent hospital staff credentialing and recredentialing process (by the military health care system) which follows the health care provider wherever he/she goes within the worldwide military health care system. Our continual development of learning experiences, attuned to particular psychological service delivery tasks our Intern Alumni will face, "fits" well with this over-all credentialing and quality-assurance process, as well as with the psychological needs of the community our Alumni will be serving for at least the next three years after graduation. Anecdotal feedback from dozens of now civilian, but former Navy psychologists over the past twenty years also confirms how valuable they have felt their Navy training and experiences were to their subsequent work in the civilian sector following their active duty service.

From a longer professional perspective, the internship is but one of a series of supervised experiences which continues beyond the internship until the psychologist in training obtains the doctorate, the required postdoctoral supervised experience, is awarded a license in some state, and is credentialed as an Independent Provider by the commanding officer of the medical facility to which he/she is assigned. Please note that all internship graduates are expected to achieve state licensure within 18 months of internship graduation. Ultimately, we encourage our graduates to earn Board Certification from the American Boards of Professional Psychology. To further reward this process of professional development, the Navy will pay all the fees of the Board Examination, and an annual salary bonus, to its Board Certified Psychologists.

There are a number of ways in which these generic professional skills can be operationally described. A useful model, which we have attempted to follow, is to enumerate the skills to be acquired as a list of behaviors or competencies which are named "Learning Goals", and established as target competencies throughout the internship or, more specifically, within a

particular rotation, and used as evaluative criteria during a rotation. The clinical experiences reflect the major areas in which military clinical psychologists may provide clinical services: Inpatient, Outpatient, Health Psychology, and Psychological Assessment. Out of hospital training trips, of varying length, reflect professional activities, customer populations and service environments reflecting the I/O and Community psychology aspects of a Navy psychologist's work. The Transrotation experience offers longer-term Assessment and Intervention practice which otherwise might be lost in a very busy 12 month internship amidst a highly mobile population and a contemporary American healthcare delivery culture in which extended Mental Health Services are in declining availability.

PROGRAM DESCRIPTION (GENERAL)

The internship year is comprised of a brief orientation period followed by five clinical rotations each about 10 weeks long, the overarching Transrotation experience which is 12 months long, and out of hospital training trips of varying lengths.

Training trip experiences include, whenever possible, approximately one week providing psychological services aboard a major Navy combat vessel (and supporting ships) at sea, giving the interns a firsthand overview of life and clinical issues in the Navy Fleet. Additionally, interns attend a 5 day training at the Center for Deployment Psychology (CDP), associated with the Uniformed Services University in Bethesda, MD. This course provides extensive training in all aspects of the military deployment cycle, including situational and clinical issues factors impacting both deploying military members and their families. Additionally while at CDP, interns receive training in empirically supported treatment (either Prolonged Exposure or Cognitive Processing Therapy) of Post Traumatic Stress Disorder, as well as cognitive behavior therapy for sleep disorders.

Didactic training during the internship includes timely lectures and seminar, planned so as not to repeat didactic work the interns have already experienced in their graduate studies, and therefore somewhat content-dependent on the particular backgrounds of a given internship class. Didactics include topics specific to the general practice of clinical psychology, topics more specific to the practice of clinical psychology in the military, and ongoing education related to professional development as a military psychologist and Naval officer.

Since few of our interns have had prior military experience, all attend a five week "Officer Development School" at Newport, Rhode Island prior to arrival at an internship site. This school includes didactic presentations of the history, traditions, organization and "sub-culture" of the Navy, as well as psychosocial patterns and influences which are particular to the military in general and the Navy in particular.

The Naval Medical Center, as a large tertiary care hospital, offers a full range of administrative assistance opportunities. Interns have individual offices with desktop computers specific to each of the 5 rotations. The Medical Center's medical library includes a range of journals, books, and electronic search capabilities related to the practice of psychology, as well as staff assistance

with on line literature searches. Research and statistical consultation is available within the Mental Health Service.

PROGRAM DESCRIPTION (SPECIFIC)

While the program described below is planned for the coming year (2011-2012), our internship training plan is intended to be dynamic and will evolve as experience shows a better way, and new opportunities present themselves.

I. Orientation.

The orientation period includes the first three days of the internship and covers such topics as departmental structure, standard operating procedures, a tour of the hospital, rotational objectives, the importance of dissertation completion, seminar scheduling, office assignments, etc. As with every other newly reporting staff member, the intern will spend two to three additional days during the initial rotation in a hospital-wide, mandated, orientation seminar, and will attend training on the hospital's electronic systems for patient charting and e-mail.

II. Division Meetings.

Each division within the Mental Health Directorate holds a weekly meeting for all staff and trainees where news is passed, discussions of current issues are held and each division member is invited to contribute. Interns attend the weekly meeting applicable for their current training rotations.

III. Clinical Rotations

A. Adult Outpatient Mental Health Clinic Rotation: This rotation involves provision of outpatient assessment and therapy. Working in the Adult Outpatient Mental Health Clinic at the Naval Medical Center, interns serve active duty military members, military retirees, and their families. Services provided include interview assessment and psychotherapy with general Mental Health Outpatients, and formal psychological testing in the Psychological Assessment program.

General Mental Health Outpatients: Referrals typically arrive from primary care medical clinics throughout the medical center and its outlying clinics. The full spectrum of mental health problems are involved, and the intern has the opportunity to hone diagnostic and intervention skills with a wide variety of patients in terms of age, socioeconomic status, ethnicity, and disorders. Multidisciplinary mental health teamwork with psychiatrists and social workers is readily available and encouraged. Psychotherapy interventions include both brief individual and group therapy. The licensed psychology faculty members working in the Adult Outpatient Clinic provide supervision.

Psychological Assessment Program: Over the course of the internship year, each intern conducts a number of psychometric evaluations. While these evaluations may be conducted during any of the five primary rotations, the bulk will occur during the rotation at the Adult Outpatient Mental Health Clinic. Interns are expected to become proficient in the administration, scoring, and interpretation of various mainstream psychological assessment instruments. Written reports are prepared under the clinical supervision of the credentialed staff psychologists working within the Mental Health Directorate's Psychological Assessment Program.

B. Health Psychology and Consultation/Liaison Rotation: During this rotation, interns will respond to consults from other inpatient and outpatient services within the hospital such as cardiology, neurology, oncology, dentistry, anesthesiology, endocrinology and internal medicine. These consults usually request psychological evaluation, diagnosis and treatment for referral problems including sleep disorders, chronic pain, poor adherence to prescribed medical regimens, and anxiety disorders related to medical issues. To treat such disorders, a broad array of behavioral medicine interventions is offered, such as stress- management techniques, mindfulness interventions, and cognitive-behavioral strategies. Interns will also have opportunities for participating in interdisciplinary, structured group interventions for managing chronic illness and for stress. There will be additional opportunities for innovative, behavioral medicine interventions with outpatients at a number of the Medical Center's outpatient medical and surgical clinics, in close collaboration with clinic physicians of varied specialties. Supervision is provided by the hospital's licensed Health Psychologist.

During this rotation, the intern also serves as a member of the Mental Health Consultation/ Liaison Team, responding with other team members to emergency mental health consultations from both the Emergency Department and other clinics and services throughout the hospital. The Consult Liaison training experience involves close multidisciplinary collaboration with psychiatrists, psychiatry residents, and social workers. It additionally offers the interns opportunities to provide training and basic supervision to multidisciplinary trainees including psychiatry interns, physician assistant students, and students training to become Independent Duty Corpsmen. The interns clinical, training, and supervision work is supervised by the staff psychiatrist heading the Consult Liaison program, with oversight by the Health Psychologist supervising the overall rotation.

C. Fleet Mental Health Clinic: During this rotation the intern works at the Fleet Mental Health Unit of the Naval Station Branch Medical Clinic at the Naval Station San Diego. The Fleet Mental Health Clinic primarily serves active duty Navy personnel, as well as psychology-related consultation with those sailors military commands. Psychological services typically include interview assessment and brief psychotherapy, both individual and group. This clinic represents quite well the type of outpatient clinic in which a Navy psychologist is likely to work in a first post-internship assignment.

D. Marine Corps Recruit Depot Mental Health Clinic: During this rotation the intern works at the Mental Health Clinic, Branch Medical Clinic, Marine Corps Recruit Depot (MCRD) San Diego. The Marine Corps Recruit Depot clinic primarily serves active duty Marine Corps members. This rotation involves brief assessments of Marine Corps recruits experiencing

psychological difficulty in adjusting to Marine Corps boot camp. It also involves a significant amount of assessment and treatment of Marine Corps members on staff at MCRD and struggling with Post Traumatic Stress Disorder and other psychological issues subsequent to combat deployments.

In both of these operational clinics, the intern will learn or refine skills for rapid evaluation of patients referred from a large number of sources with a wide variety of presenting problems. The intern may follow patients in brief interventions, refer patients to appropriate military or civilian resources, or recommend active duty patients for discharge from the military. Part of the challenge of these Operational Rotations is learning to handle a steady case load, utilize available resources, and communicate effectively with Navy and Marine Corps units (the "organizational customer") without becoming overwhelmed by the clinical pace and competing demands on time. Interns will also engage in outpatient psychotherapy groups, and will be involved in crisis intervention. Multidisciplinary teamwork is available and encouraged. Licensed military and civilian faculty psychologists practicing in the Operational Mental Health Clinics provide direct supervision of interns.

E. Inpatient Mental Health Rotation: During this rotation, interns become acquainted with the admission, diagnosis, treatment and disposition of patients with severe mental health disorders of such severity as to require hospitalization. The intern is part of a multidisciplinary treatment team (comprised of staff psychiatrists and psychologists, psychiatric residents, nurses, social workers and hospital corps staff) and is immediately responsible for patient care to the credentialed staff psychiatrist who heads this team. During this rotation, the intern will stand the overnight in-house mental health watch, with the psychiatry resident on call and assigned medical students. During these watches, the intern will work with the resident in responding to overnight psychiatric emergencies in the medical center's Emergency Department, on the inpatient psychiatric wards, and elsewhere in the hospital. The staff psychiatrist leading the intern's treatment team provides daily supervision of the intern's inpatient case load. A member of the credentialed psychology staff exercises administrative and oversight supervision, meeting directly with the intern for additional weekly supervision throughout the rotation. This rotation is most demanding of the intern's time and requires the learning and completion of many processes and much formal paperwork within short periods of time.

E. Transrotational Requirements: In addition to the basic requirements expected of the intern to meet the goals of the five major rotations, the following trans-rotational objectives are required.

Group Supervision: The entire group of interns meets with the Director of Training for weekly group supervision throughout the internship year.

Long-Term Individual Therapy Cases: Each intern is expected to carry at least three long-term outpatient cases during the year (long-term generally meaning 4 months or longer). Within the first several months, the Director of Training will assist the interns and rotation supervisors in identifying long-term cases, which may come from various sources. In addition to offering longer term services to patients who may benefit from such treatment, Transrotation cases are specifically chosen to enhance the training of each intern, challenging interns with

new learning, new clinical skills, or enhancement of competencies for dealing effectively with, for example, difficult psychotherapy alliances.

IV. Didactic Training Presentations.

A program of regularly scheduled seminars and other workshop presentations accompanies the intensive direct supervision inherent in the several rotations. These didactic presentations are designed to expose the intern to contemporary information and training relevant to effective functioning as a psychologist, with special reference to the social, vocational and special risks subculture of the Navy. The faculty, the presenter, and the level of interest of the attendees determine the particular format for a topic and the amount of time devoted to it. The presenters of these didactic programs frequently are distinguished colleagues from the Navy and civilian clinical/academic communities. Didactics include weekly Intern Seminars, weekly Mental Health Grand Rounds, and periodic special training opportunities lasting a full day or longer.

V. Operational Experiences.

A. The major Operational Experience is a working cruise, lasting approximately one week, aboard a major Navy combatant vessel during which the interns will experience actual shipboard living conditions and stresses, work in the ship's Medical Department, interact with, and be educated by, successfully adapted sailors about the industrial and psychological demands of their work, and deliver stress management, suicide-awareness and family-separation educational and preventative seminars. This cruise almost always is aboard a US Navy aircraft carrier, under the guidance and supervision of the Navy Psychologist stationed full time on board the ship. In rare circumstances where the ship has no psychologist on board, a uniformed and experienced member of our Internship teaching staff will accompany interns to supervise their professional work and guide their experiential education.

B. When possible, a second Operational Experience is scheduled with the First Marine Division or the Marine Special Operations Command, both at Camp Pendleton, CA, or with Marine Corps training operations at Twenty Nine Palms, CA. Particular emphasis is placed on gaining familiarity with the operational plans and stresses unique to the Marine Corps, and on developing skills for effective consultation with Marine Corps Commands.

VI. Additional Intern Functions and Roles.

A. Interns will be assigned to the Medical Center Officer of the Day (OOD) duty roster. This duty, for which the intern receives extensive prior training, involves providing administrative services throughout the hospital after normal working hours, and is an integral part of the duties of all junior Medical Service Corps Officers at the Medical Center. Interns will likely service in similar watches at Navy Hospitals where they are assigned after internship graduation; thus, this is considered an essential training experience in the junior Navy Psychologist's professional development.

B. Medical Service Corps Membership. Since the interns are members of the Allied Sciences Branch of the Medical Service Corps (MSC), it is strongly encouraged that they interact professionally and socially with other MSC officers assigned to the hospital. Such interaction is not only important to the smooth and effective performance of the psychologist's job when it extends beyond the mental health clinic, but also serves to increase the intern's appreciation for other non-physician specialists in the Navy health care system, just as it increases others' awareness of the psychologist's role. At San Diego, for example, there are several interest groups, and annual celebratory functions such as the MSC Birthday Ball.

VII. Supervisors.

A. Most of the ongoing case supervision will be provided by the designated credentialed staff psychologist heading the rotation to which the intern is assigned. Credentialed psychiatrists serve as adjunct supervisors and provide additional supervision, particularly regarding Inpatient and Consultation/Liaison services.

B. The intern may be assigned several staff members to supervise trans-rotational cases. Over the course of the year the intern will receive some supervision from each of the psychology training faculty and some of the psychiatry staff. IT IS VERY IMPORTANT TO NOTE THAT IN ADDITION TO SCHEDULED SUPERVISION TIMES, THE STAFF IS AVAILABLE FOR AND STRONGLY ENCOURAGES ADDITIONAL SUPERVISION AND CONSULTATION WHENEVER NEEDED.

TRAINING OBJECTIVES

OVERALL TRAINING OBJECTIVES: By the end of the internship year, interns are expected to demonstrate competencies in the following clinical skills: individual and group psychotherapy (both brief and longer term), psychological assessment by interview and by testing, conducting emergency evaluations, obtaining consultation from other healthcare providers, providing consultation to other healthcare providers, providing clinical consultation to active duty military patients' military commands, and participation in multidisciplinary treatment teams. Additionally, interns will demonstrate basic competence in providing clinical supervision to others, and understanding of psychological program evaluation. Competence in each of these areas at a level considered appropriate for initial licensure as a psychologist is the expected minimum standard of achievement. Interns will demonstrate that their work with each of these competencies is informed by the theoretical and research literature in psychology, by sensitivity to multicultural factors impacting all aspects of clinical practice, and by the ethics of our profession.

The following lists describe the competencies expected of the interns who complete the training program. These same items comprise the evaluation categories on which the intern is rated at during each rotation. Anchoring points describing various levels of intern

performance are established for each competency; please see rotation evaluation forms in Appendix B for details of these behavioral anchors.

I. Adult Outpatient Rotation

Patient Evaluation

1. Demonstrates skill in synthesizing DSM-IV diagnoses based on relevant clinical, historical, and test data.

2. Demonstrates skill in utilizing and summarizing patient information from all relevant resources into a well-organized psychological report.

3. Demonstrate skill in effectively evaluating, managing and documenting patient risk by assessing immediate concerns such as suicidality, homicidality, and any other safety issues.

Therapeutic Intervention Skills

1. Demonstrate ability to establish and sustain rapport with patients.

2. Sensitive to the cultural and individual diversity of patients. Committed to providing culturally sensitive services.

3. Formulates a useful case conceptualization that draws on theoretical and research knowledge. Collaborates with patient to form appropriate treatment goals.

4. Demonstrates appropriate use of empirical literature to support therapeutic interventions and treatment plans

5. Interventions are well-timed, effective and, where relevant, consistent with empirically supported treatment protocols.

Professional, Ethical, and Military Development

1. Demonstrates understanding of impact of military life on mental health issues. Effectiveness as liaison between command and patient.

2. Demonstrates good knowledge of the ethical principles and military laws and regulations. Consistently applies these appropriately, seeking consultation as needed.

3. Demonstrates positive coping strategies with personal, professional/military stressors and challenges. Maintains professional functioning and quality patient care.

II. Psychological Assessment

Patient Evaluation

1. Demonstrates skill in synthesizing DSM-IV diagnoses based on relevant clinical, historical, and test data.

2. Demonstrates skill in utilizing and summarizing patient information from all relevant resources into a well-organized psychological report.

Assessment Interview Skills

1. Demonstrate ability to establish and sustain rapport with patients.

2. Sensitive to the cultural and individual diversity of patients. Committed to providing culturally sensitive services.

Assessment Testing Skills

1. Demonstrates skill in test selection to address referral questions.

2. Demonstrates skill in interpretation of data

Assessment Consultation Skills

1. Demonstrates skill in consultation with referral sources on assessment questions and results.

Professional, Ethical, and Military Development

1. Demonstrates understanding of impact of military life on mental health issues.

2. Demonstrates good knowledge of the ethical principles and military laws and regulations. Consistently applies these appropriately, seeking consultation as needed.

III. Inpatient Rotation

Patient Evaluation

1. Demonstrates skill in synthesizing DSM-IV diagnoses based on relevant clinical, historical, and test data.

2. Demonstrates skill in utilizing and summarizing patient information from all relevant resources into a well-organized psychological report.

3. Demonstrate skill in effectively evaluating, managing and documenting patient risk by assessing immediate concerns such as suicidality, homicidality, and any other safety issues.

Therapeutic Intervention Skills

1. Demonstrate ability to establish and sustain rapport with patients.

2. Sensitive to the cultural and individual diversity of patients. Committed to providing culturally sensitive services.

3. Formulates a useful case conceptualization that draws on theoretical and research knowledge. Collaborates with patient to form appropriate treatment goals.

4. Demonstrates appropriate use of empirical literature to support therapeutic interventions and treatment plans

5. Interventions are well-timed, effective and, where relevant, consistent with empirically supported treatment protocols.

6. Demonstrate understanding of appropriate resources and channels in case dispositions, and skill in liaison with referral sources and military commands.

7. Demonstrate skill in determining need for consultation to other professional services.

Professional, Ethical, and Military Development

1. Understanding of impact of military life on mental health issues. Effectiveness as liaison between command and patient.

2. Demonstrates professional and appropriate interactions with multidisciplinary treatment teams, peers, and supervisors; seeks collegial support as needed.

3. Demonstrates good knowledge of the ethical principles and military laws and regulations. Consistently applies these appropriately, seeking consultation as needed.
4. Demonstrates positive coping strategies with personal, professional/military stressors and challenges. Maintains professional functioning and quality patient care.

IV. Health Psychology/Consult Liaison Rotation

Patient Evaluation

1. Demonstrates skill in synthesizing DSM-IV diagnoses based on relevant clinical, historical, and test data.

2. Demonstrates skill in utilizing and summarizing patient information from all relevant resources into a well-organized psychological report.

Therapeutic Intervention Skills

1. Demonstrate ability to establish and sustain rapport with patients.

2. Sensitive to the cultural and individual diversity of patients. Committed to providing culturally sensitive services.

3. Formulates a useful case conceptualization that draws on theoretical and research knowledge. Collaborates with patient to form appropriate treatment goals.

4. Interventions are well-timed, effective and, where relevant, consistent with empirically supported treatment protocols.

Professional, Ethical, and Military Development

1. Understanding of impact of military life on mental health issues. Effectiveness as liaison between command and patient.

2. Demonstrates good knowledge of the ethical principles. Consistently applies these appropriately, seeking consultation as needed.

3. Demonstrates positive coping strategies with personal, professional, and military stressors and challenges. Maintains professional functioning and quality patient care.

V. Fleet Mental Health Rotation

Patient Assessment

1. Demonstrate skill in synthesizing a DSM-IV diagnosis based on relevant clinical, historical, and test data.

2. Demonstrates skill in utilizing and summarizing patient information from all relevant resources into a well organized psychological report.

3. Demonstrate skill in effectively evaluating, managing and documenting patient risk by assessing immediate concerns such as suicidality, homicidality, and any other safety issues.

Therapeutic Intervention Skills

1. Demonstrate ability to establish and sustain rapport with patients

2. Sensitive to the cultural and individual diversity of patients. Committed to providing culturally sensitive services.

3. Formulates a useful case conceptualization that draws on theoretical and research knowledge. Collaborates with patient to form appropriate treatment goals.

4. Demonstrates appropriate use of empirical literature to support therapeutic interventions and treatment plans

5. Interventions are well-timed, effective and consistent with empirically supported treatment protocols.

Professional, Ethical, and Military Development

1. Understanding of impact of military life on mental health issues. Effectiveness as liaison between command and patient.

2. Demonstrates good knowledge of the ethical principles. Consistently applies these appropriately, seeking consultation as needed.

3. Demonstrates positive coping strategies with personal, professional, and military stressors and challenges. Maintains professional functioning and quality patient care.

VI. Marine Corps Recruit Depot Mental Health Rotation

Patient Assessment and Therapeutic Interventions

1. Demonstrate skill in synthesizing a DSM-IV diagnosis based on relevant clinical, historical, and test data.

2. Demonstrates skill in utilizing and summarizing patient information from all relevant resources into a well organized psychological report.

3. Demonstrate skill in effectively evaluating, managing and documenting patient risk by assessing immediate concerns such as suicidality, homicidality, and any other safety issues.

4. Demonstrate skill with psychological assessment/testing as needed and able to incorporate test results with other pertinent information to aid in diagnosis and treatment planning.

5. Demonstrate ability to establish and sustain rapport with patients.

6. Demonstrate sensitivity to the cultural and individual diversity of patients. Committed to providing culturally sensitive services.

7. Formulates a useful case conceptualization that draws on theoretical and research knowledge. Collaborates with patient to form appropriate treatment goals.

8. Demonstrates appropriate use of empirical literature to support therapeutic interventions and treatment plans.

9. Interventions are well-timed, effective and consistent with empirically supported treatment protocol.

10. Understands and uses own emotional reactions to the patient productively in the treatment.

11. Demonstrates professional responsibility in documentation.

Military/Operational Skills

1. Demonstrates understanding of how demands of military service and military life impact patient's functioning, DSM-IV diagnoses, and treatment options.

2. Demonstrates good knowledge of the ethical principles and military laws and regulations. Consistently applies these appropriately, seeking consultation as needed.

3. Demonstrate understanding of appropriate resources and channels in case dispositions, and skill in liaison with referral sources and military commands.

4. Demonstrate skill in determining need for consultation to other professional services.

Professional Conduct and Growth

1. Demonstrate professional and appropriate interactions with treatment teams, peers and supervisors; seeks collegial support as needed.

2. Seeks consultation or supervision as needed and uses it productively.

3. Demonstrates positive coping strategies with personal and professional/military stressors and challenges. Maintains professional functioning and quality patient care.

VII. Transrotation

1. Competencies identical to those for Adult Outpatient Rotation.

GENERAL BEHAVIORAL CHARACTERISTICS EXPECTED OF INTERNS

1. Willingness to learn
2. Efficiency in work organization
3. Assumption of responsibility
4. Professional bearing and appearance
5. Solve problems creatively

EVALUATION

The evaluation process has two components, including Measures of Intern Performance and Evaluation of the Internship Program.

I. Intern Performance Evaluation

A. Weekly supervision. During each clinical rotation the intern receives weekly scheduled and, when needed or requested, unscheduled supervision. This supervision in part reviews intern progress toward rotational learning goals. At mid-rotation the intern and supervisor will have a formal session to review progress on learning goals.

B. End of Rotation Performance Report. This performance rating (Appendix B) is submitted to the Director of Psychology Training by the primary supervisor of the intern at the end of each rotation. At the time of the evaluation there is a meeting between the rotation supervisor and the individual intern to review performance, and to discuss possible areas for focus in upcoming rotations. The Training Director can attend this meeting if desired by the intern or supervisor, but this is not required. END OF ROTATION PERFORMANCE REPORTS ARE THE CRITICAL INSTRUMENTS IN DETERMINING "PASSING" OF ROTATIONS AND SUCCESSFUL INTERNSHIP COMPLETION. As can be seen from the evaluation forms in Appendix B, interns are evaluated on specific competencies from the general areas of Patient Assessment, Therapeutic Interventions, and Professional/Ethical/ Military Development. Each competency is rated on a 5 point scale, from "R" (remedial work required) through "P" (professional skill level). Competencies are identical for the 5 rotations. In order to pass a rotation, an intern must achieve an average rating of 3.0, or "I" (Intermediate), and no competency rated lower than 2, or "E" (entry level). If an intern has any competency rated "R" (remedial work required) at the end of a rotation, that rotation must be repeated and successfully completed before the internship can be passed. All five rotations must be passed to complete the internship; this could require extension of the internship past one year in order to achieve successful completion. Further, for the 5th and final rotation, interns must achieve an average rating of 3.0 (Intermediate), with no individual competency ratings lower than 3 (Intermediate). Thus, interns must demonstrate at least an Intermediate level of competency, on all competencies evaluated at the end of the internship, in order to successfully complete the program. Failure to achieve this level of competency will result in remediation and likely extension in training past the end of the internship year, until required competency is completed.

C. Navy Fitness Report. All Navy officers receive annual Fitness Reports, an evaluation of their performance both in their areas of specialization and, more generally, regarding their leadership abilities, team work, etc. These reports are prepared by the Chair, Psychology Department, with input from the intern, faculty, and Director of Psychology Training.

II. Internship Program Evaluation.

At the end of the internship year, each intern will submit a written critique of the training program to the Director of Psychology Training. This report discusses both specific aspects of each rotation, as well as an overall assessment of the training program's success in preparing the intern for future work in psychology. The report format is included in Appendix B. Additionally, at the end of each rotation interns are requested to submit an evaluation highlighting strengths of the rotation and supervision, along with suggestions for improving the rotation.

STAFF SUPERVISION OF INTERNS

Rotation Supervision.

During the Psychology Internship each intern rotates through four branches of the Mental Health Directorate. These include Adult Outpatient, Health Psychology/Consult Liaison, Operational Clinics, and the Inpatient Service. While assigned to a rotation, the intern's clinical work is supervised by a credentialed staff provider. Every case note written by an intern is co-signed by the responsible supervisor. High-risk patients (those with significant suicidal or homicidal ideation/plans/threats, or unable to adequately care for themselves) are to be discussed with supervisors and notes written/countersigned PRIOR TO departure of the patient from the pertinent clinic or inpatient ward. Medical aspects of a patient's care will be provided by a credentialed physician.

A. DOCUMENTATION OF SUPERVISION IN THE PSYCHOLOGICAL ASSESSMENT DIVISION. All assessment services will be in response to written consults. Consultation assessment reports will be prepared in the electronic medical record and signed by the psychology intern and responsible supervising psychologist. (It is usually helpful for the Intern, following supervision on a case, to give telephone feedback to the referral source to shortcut the delay in delivering written materials.) Progress notes will be completed in the electronic medical record for each patient contact, with co-signature by the responsible supervising psychologist.

B. DOCUMENTATION OF SUPERVISION IN THE HEALTH PSYCHOLOGY DIVISION. Professional services are in response to written consults. Consultation assessment reports will be prepared in the electronic medical record and signed by the psychology intern and responsible supervising psychologist. (It is usually helpful for the Intern, following supervision on a case, to give telephone feedback to the referral source to shortcut the delay in delivering written materials.) Progress notes will be completed in the electronic medical record for each patient contact, with co-signature by the responsible supervising psychologist.

C. DOCUMENTATION OF SUPERVISION IN THE INPATIENT ROTATION. Psychology interns are assigned as the primary health care provider for psychiatric inpatients.

Patient care and progress are guided and recorded in the inpatient chart under the professional supervision of the credentialed inpatient psychiatrist and/or psychologist according to the quality assurance procedures of that service. In addition, a credentialed staff psychiatrist will document oversight supervision with a weekly note in the patient's chart, or by co-signing a team treatment plan.

D. DOCUMENTATION OF SUPERVISION IN THE OUTPATIENT AND TRANS-ROTATIONS. Consultation assessment reports will be prepared in the electronic medical record and signed by the psychology intern and responsible supervising psychologist. (It is usually helpful for the Intern, following supervision on a case, to give telephone feedback to the referral source to shortcut the delay in delivering written materials.) Progress notes will be completed in the electronic medical record for each patient contact, with co-signature by the responsible supervising psychologist.

PSYCHOLOGY INTERN'S DEFICIENT PERFORMANCE: A PROCEDURAL OUTLINE FOR DUE PROCESS MANAGEMENT

1. Acceptable levels of performance on each rotation are established. (See Learning Objectives, pages 10 – 14, and Evaluation, page 18.)

2. Performance criteria will be provided to each intern at the beginning of the Internship year via a copy of this Training Manual.

3. The rotation's supervising psychologist will meet with the intern individually for at least two hours weekly. The supervisor will provide verbal feedback outlining the performance against the criteria. The supervisor shall document verbal feedback and any positive or negative changes in the intern's performance.

4. After completion, midrotaton and end of rotation evaluations are forwarded by the rotation supervisor to the Director of Psychology Training.

5. In order to meet internship requirements, all rotations must be satisfactorily completed. Failure to meet criteria satisfactorily for one rotation does not necessarily exclude the intern from the next rotation, but may delay the scheduled graduation from the internship.

6. IF UNSATISFACTORY PROGRESS IS DETERMINED BY THE INTERNSHIP TRAINING COMMITTEE (AT SAN DIEGO, THIS IS THE ENTIRE PSYCHOLOGY FACULTY), THE INTERN WILL BE NOTIFIED IN WRITING THAT HE/SHE HAS BEEN PLACED ON REMEDIATION STATUS. (Remediation status may continue while the intern is on another rotation.) The Training Director will outline in writing the deficiencies and suggest methods and objectives to regain satisfactory status. A Review will be held 30 days, and then 60 days following the original notification of Remediation Status. If satisfactory standards are met in 60 days, remediation status will be removed, and the intern will be in good standing within the internship.

IF THE INTERN FAILS TO MEET THE CRITERIA NECESSARY FOR REMOVAL FROM REMEDIATION STATUS, THE DIRECTOR OF PSYCHOLOGY TRAINING SHALL NOTIFY THE DIRECTOR OF MENTAL HEALTH, AND THE MEDICAL CENTER GRADUATE EDUCATION COMMITTEE. THE INTERNSHIP TRAINING COMMITTEE SHALL THEN PLACE THE INTERN ON FORMAL PROBATIONARY STATUS. The Director of Psychology Training shall advise the intern in writing of the committee's decision, detailing those areas of deficiency which could lead to discontinuance of training, and establishing a "cautionary period" of time (not more than 60 days, or the original ending date of the internship, whichever comes first) within which time the deficiencies MUST be brought up to acceptable levels.

A. The intern has the right to address the Director of Psychology Training concerning his/her probationary status and performance.

8. AFTER THE DESIGNATED CAUTIONARY PERIOD OF THE PROBATION HAS BEEN COMPLETED:

A. IF PROGRESS IS SATISFACTORY, the intern's good standing is restored by a letter from the Director of Psychology Training, via the Director of Mental Health.

B. IF INTERN PERFORMANCE DOES NOT IMPROVE TO A SATISFACTORY LEVEL, a letter is prepared by the Director of Psychology Training for the Director of Mental Health's signature requesting, via the Medical Center' Director for Graduate Education, that the intern be disenrolled from his/her training program, by reason of "failure to satisfactorily complete a training program." All relevant correspondence will be attached to the disenrollment letter and the intern's deficiencies specifically addressed. The Director of Mental Health, with the assistance of the Graduate Medical Education committee, will then convene a meeting of a Disenrollment Board comprised of the Director of Psychology Training, and the Command Legal Officer. The intern will be given the opportunity at that time to appeal again to the Board personally and to justify his/her performance. If disenrollment of the intern is determined, the Director of Mental Health makes the notification to the Bureau of Navy Personnel via the Medical Center GME committee and subsequent appropriate Naval channels.

9. In the event that an intern's performance for any reason requires it, the Director of Psychology Training may request extension of that intern's training period beyond the original intern year. Such request is transmitted to the Director of Mental Health.

10. Except for extenuating circumstances, continued unsatisfactory performance following removal from probationary status may result in the disenrollment of the intern **WITHOUT FURTHER PROBATION PERIODS**.

11. Serious ethical or legal breaches may result in immediate recommendation for disenrollment through the same official procedures and channels, without remediation or probation.

PROCEDURE FOR INTERN GRIEVANCES

If an intern finds him/herself with a dissatisfaction specific to the training program, based on apparently continuing events (as contrasted with one or two time disagreements), the recommended steps are as follows:

1. In accordance with conflict resolution research, the APA ethical code, and general principles of organizational personnel advice, the intern should first attempt to communicate the dissatisfaction as clearly and specifically as possible to the party perceived as the source of the problem, either verbally or in writing.
2. If for any reason the intern feels unable to approach the perceived source directly, or has already done so but found it to no avail, he/she should then approach the Director of Psychology Training with a report of the problem. The intern is strongly encouraged, but not mandated, to put the report in writing in order to provide necessary clarity. If the grievance is with the Director of Psychology Training, the intern should take the matter to the Director of Mental Health. If the perceived source is the Director of Mental Health, the intern may take the matter to either the Director of Psychology Training or to the Director of Medical Education.
3. If the matter is taken outside the department to the Director of Medical Education level (which may require a written report of the problem), the procedures outlined by the Medical Center's Graduate Education Committee will become the governing process. The Navy Bureau of Medicine and Surgery (BUMED) Instruction 1524.1B provides guidance regarding grievance and fair process in Navy medical education programs. Enclosure (5) of that Instruction in particular is germane. This instruction is available on the Naval Medical Center web site in "Resources".
4. More general grievances of an Equal Employment Opportunity nature may be handled in accordance with the procedures outlined in Naval Medical Center Instruction 5354.1C, "Command Managed Equal Opportunity (CMEO) Program". This instruction is readily available on the command's intranet website.

POLICY ON INTERNS' VACATION

I. The following guidelines have been developed to help staff evaluate requests by psychology interns for time away from the internship. Interns are required to plan their absences, if any, well in advance and to submit their requests in a manner that will allow adequate review by rotation supervisor, training director and department chair.

A. With rare exceptions under special circumstances, no more than five consecutive working days personal leave, and no more than two weeks during the training year.

1. No more than five consecutive working days of no cost house hunting Temporary Additional Duty for the purpose of obtaining housing at a new station, in addition to the above.

B. Two leave periods should not normally be requested during the same rotation. This implies that if a request for house hunting is going to be made during the last rotation, other requests should be planned in earlier training periods, if possible.

C. All requests for absences are contingent upon the projected requirements of the intern's training assignments and upon the intern's progress in the internship. Above all, patient care responsibilities are primary.

D. Due to the demands of the Inpatient Rotation, interns may only request absences from this rotation after careful consideration and discussion with rotation supervisors.

E. Time away for meeting academic requirements, such as time for meeting with dissertation committees or defending dissertations, is available and supported. Please work with rotation supervisors and the Director of Training on scheduling well in advance, to avoid needing to cancel patients who are already scheduled.

PSYCHOLOGY INTERNSHIP DIDACTIC PRESENTATION SERIES

I. The purpose of the series is to provide the psychology interns with didactic training in areas relevant to the practice of psychology in the Navy, whether the particular presentation is called Grand Rounds or Seminar. Training will be given by a mental health professional with expertise in the subject area. Intern Seminars will normally be scheduled on Tuesday afternoons from 1300 to 1430, unless a particular consultant cannot meet those times. The Mental Health Grand Rounds presentations are on Fridays, 0930-1100; all psychology staff and interns are invited. Journal article lunch discussions are held twice monthly, one focusing on Ethics and the other on Multicultural Competence.

The following principles have been established for the various educations series:

A. Each presentation is practice oriented.

B. The interns will be exempted from scheduled clinical responsibilities during the planned didactic seminars. Any exception must be cleared with the rotation supervisor.

C. For interns, attendance is mandatory, unless leave, liberty, TAD, etc. has been approved in advance. Clinical responsibilities should be scheduled so as not to be a reason for absence.

Following each presentation, those attending will complete an evaluation form.

Examples of Recent Seminar, Grand Rounds, and Extended Training Topics

Cognitive Processing Therapy (two day course)
Culturally Responsive Cognitive Behavior Therapy
Ethics and Professional Practice in Psychology
Ethics and Professional Practice in Navy Psychology
Licensure, Board Certification, and Other Credentials in Psychology
Neuropsychological Assessment
Traumatic Brain Injury
Automated Neuropsychological Assessment Metrics (ANAM) Screening (full day course)
APA Guidelines for Psychological Practice with Lesbian, Gay, and Bisexual Clients
Navy Psychology Practice on Aircraft Carriers
Ethical and Effective Practice of Supervision
Supervision Training: Defining and Assessing Competencies
Supervision Training: Dealing with Problem Trainees
Special Operations in Navy Psychology
Self-Medication and Dual Disorders
Substance Use Disorder Assessment
Suicide Risk Assessment
Treatment of Chronically Suicidal Patients

ADJUNCTIVE TRAINING STAFF

I. Adjunctive training staff members are considered critical in the delivery of the internship program as presently outlined.

Psychology Staff: Licensed psychologists not part of the Core Faculty but readily available to interns for adjunctive supervision and consultation.
Psychiatry Staff: Attending Psychiatrists on Inpatient Service, Attending Psychiatrists on Consultation/Liaison Service, Attending Psychiatrists on Adult Outpatient Service
Outside Consultants: Provide didactic material in areas supplementing Medical Center staff expertise.

QUALITY ASSURANCE

In order to assure the maintenance of the standards of quality patient care, the following steps will be taken by the training staff. The Director of Psychology Training is responsible for assuring that each step is accomplished.

I. Supervisors will submit a written rotation report to the intern and the training director indicating that the evaluation of the intern has taken place as scheduled.

II. At the end of the internship year, each intern will submit to the Director of Psychology Training a formal evaluation of the training received.

III. At the end of the internship year, the Director of Psychology Training will submit a formal evaluation to the Director of Mental Health and the Medical Center Graduate Medical Education Committee on each intern's performance which will cover the following areas:

A. Successful completion of the program
B. Quality of didactic performance
C. Quality of clinical performance
D. Intern's spirit of inquiry and motivation to learn
E. Recommendation for further training

Manual last revised June 2015, will be in effect for 2015/2016 internship training year.

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APPENDIX A: APPLICATION TO THE INTERNSHIP

As with the other Navy internship in Bethesda, MD, application to the Naval Medical Center San Diego internship is handled through the Navy Recruiting Command (for Navy Officer commissioning clearance) and through the APPIC Match. The officer commissioning part of the application process is NOT made directly to the internship program. As applicants to the internship are also applying to become active duty Navy officers if matched to our program through the APPIC match, they must meet all age, security background check, and medical requirements for commissioning as Naval officers prior to being placed on the internship's APPIC match list. The Navy officer application process is quite familiar to the Navy recruiters and most easily and efficiently handled through them. Applicants do not need to already be in the military to apply, and despite the extensive officer commissioning background process during the application, there is no military service obligation unless an applicant matches with the internship through the APPIC match.

Application packages will include the standard APPIC application (including graduate training director verification of readiness for internship), transcripts of all graduate school education, a curriculum vitae, and letters of reference from graduate school professors and practicum supervisors. Letters from professors and supervisors directly familiar with applicants' clinical work are most helpful in the application review process. Additionally, Navy Recruiting will include required Navy Officer recruiting paperwork, the physical exam, and the criminal/security background check in the application package.

Our internship and the Navy welcome and encourage applications from women and members of diverse backgrounds; we do not discriminate on the basis of gender, race, ethnicity, religion, sexual preference, etc. In accordance with United States law regarding military officers, applicants must be United States citizens. As noted above, applicants must meet age, security background check, and medical qualification requirements for Navy officer commissioning prior to being placed on the internship's APPIC Match ranking list.

It is important to note that the Navy accepts internship applicants only from APA-accredited doctoral programs in clinical and counseling psychology.

All written and/or oral comprehensive examinations required by the doctoral graduate program, and approval of the dissertation proposal by the applicant's full dissertation committee, must be successfully completed prior to the APPIC Match List submission deadline. Prior to starting the internship year, all doctoral degree requirements other than the internship and doctoral dissertation must be completed. This includes all required coursework and pre-internship practicum experiences,. Whenever possible, the dissertation should be completed prior to internship, but this is not a requirement.

The Navy internships have not established a required number of practicum hours, or required types of practicum settings, to be considered for our internships. However, given the predominantly adult focus of our internships, and of Navy Psychology in general, we specifically seek applicants with practicum experience in generalist clinical assessment and psychotherapy work with adults. Experience with adults with major psychopathology is

preferred but not mandatory. Applicants with minimal experience with adults, or with adult experience only in narrowly focused specialty areas such as neuropsychological assessment, would be at a significant disadvantage in our review and APPIC ranking of applicants.

Graduate students interested in applying to the Navy internship in San Diego or Bethesda are advised to contact the Navy Recruiting Office in their local areas. This office can typically be found on line and in the Government Pages of the local telephone directory. Applicants should specifically ask for Medical Programs Recruiting. Often, small recruiting offices will not have Medical Program Recruiters, but can easily direct the applicant to the closest Medical Programs Recruiter.

Applicants are strongly encouraged to visit the internship sites in which they are interested, once invited for interviews during the APPIC application process. However, we fully understand the current time, travel, and financial burden of the APPIC Match process, and are happy to conduct phone interviews when travel to the Navy internship sites is prohibitive for an applicant. Additionally, applicants are strongly encouraged to contact the Director of Psychology Training, with any questions or concerns.

APPENDIX B: ROTATION PERFORMANCE DOCUMENTS

The remainder of this manual consists of the (1) evaluation forms used to assess intern achievement of competencies for each rotation, (2) forms used by interns to provide feedback regarding each rotation, (3) forms used by interns to evaluate seminar and Grand Rounds presentations, (4) the end of internship evaluation outline for interns to assess the internship overall, and (5) the form used by the Director of Psychology Training to provide input on graduating interns to the Medical Center's Director of Graduate Medical Education.

NMCSD PSYCHOLOGY INTERN PERFORMANCE EVALUATION

Intern Rank/Name	**Rotation Name:** **Rotation #:**
Supervisor Name(s)	**Date** **Mid-rotation/ End-rotation (circle one)**

Competency Ratings Descriptions

P (5) Professional Skill Level:
Skill level comparable to autonomous practice at a post-doctoral or entry-level job position. Rating descriptive of exceptional interns at completion of internship training.

H (4) Highly Developed/Advanced:
Occasional supervision or consultation is needed. A frequent level of performance demonstrated at the completion of a rotation or at the end of the internship. Competency attained in all but non-routine cases; supervisor provides overall mentoring of intern's activities. Depth of supervision may increase with highly complex cases. Rating descriptive of advanced competence at end of internship.

I (3) Intermediate:
Generally solid skill levels, with areas which should remain a focus of supervision and/or consultation after internship. Common skill level during the course of a rotation, and at the end of rotations earlier in the internship. Routine supervision of activities and responsibilities is indicated. Passing rating for a competency at end of internship.

E (2) Entry Level:
Skill level frequently seen at the commencement of internship or for new competencies for an intern at start of a rotation. Continued close, ongoing, and regular supervision is needed. Not a passing competency rating at end of internship; this rating at end of final rotation requires remedial work of intern.

R (1) Remedial Work Required:
Requires remedial work of intern. Insufficient skill level and/or professionalism demonstrated. Not a passing competency rating on either individual rotation or at end of internship, remediation for competency required.

N/A Not applicable for this rotation/Not assessed during rotation.

LEARNING OBJECTIVES

I. Generalist Clinical Practice Skills

a. Patient Evaluation

1. Demonstrates skill in synthesizing DSM-IV diagnoses based on relevant clinical, historical, and test data.

P	Demonstrates a thorough knowledge of mental health classification, including multi-axial diagnoses and relevant diagnostic criteria to develop an accurate diagnostic formulation autonomously. Consistently able to support diagnoses with both inclusionary and exclusionary data.
H	Has a good working knowledge of mental health diagnoses. Is thorough in consideration of relevant patient data, and diagnostic accuracy is typically good. Generally able to support diagnoses with both inclusionary and exclusionary data. Uses supervision well in more complicated cases involving multiple or more unusual diagnoses.
I	Understands basic diagnostic nomenclature and is able to accurately diagnose many mental health problems. With less complex cases usually able to support diagnoses with both inclusionary and exclusionary data; may miss relevant patient data when making a diagnosis. Requires supervisory input on more complex diagnostic decision-making.
E	Has a theoretical knowledge and understanding of basic diagnostic nomenclature, but lacks practical experience applying knowledge to actual cases. May miss both inclusionary and exclusionary data when making a diagnosis. Requires supervisory input on most diagnostic decision-making.
R	Has significant deficits in understanding of the mental health classification system and/or ability to use DSM-IV criteria to develop a diagnostic conceptualization. Often unable to support diagnoses with inclusionary and exclusionary data.
N/A	

2. Demonstrates skill in utilizing and summarizing patient information from all relevant resources into a well-organized psychological report which meets professional standards of care and departmental peer review criteria.

P	Reports are clear and thorough, follow a coherent outline, and effectively summarize major relevant issues. When available, relevant psychological test results are woven into reports as supportive evidence. Recommendations are related to referral questions.
H	Reports cover essential points without serious error, may need polish in cohesiveness and organization. Readily completes assessments with minimal supervisory input, makes useful and relevant recommendations.
I	Able to develop useful draft reports. Uses supervision effectively for assistance in determining important points to highlight.
E	May fail to summarize patient information into a cohesive report and have difficulty formulating recommendations to appropriately answer referral question. Relies heavily on supervisor for guidance in determining important points and treatment recommendations.
R	Inaccurate conclusions or grammar interfere with communication. Reports are poorly organized and require major rewrites.
N/A	

3. Demonstrates skill in effectively evaluating, managing and documenting patient risk by assessing immediate concerns such as suicide, homicide, any other safety issues.

P	Assesses and documents all risk situations fully prior to leaving the clinic. Appropriate actions taken to manage patient risk situations (e.g., admitting the patient, liaison with patient's command) are initiated immediately, while seeking consultation and confirmation from supervisor. Strong knowledge of research literature on risk factors.
H	Aware of how to cope with safety issues, continues to need occasional reassurance in supervision. Asks for input regarding documentation of risk as needed. Sometimes can initiate appropriate actions to manage patient risk, sometimes needs input of supervisor first. Good working knowledge of risk factors literature.
I	Recognizes potentially problematic cases, but needs guidance regarding evaluation of patient risk. Supervision is needed to cope with safety issues; afterwards interns handle them well. Can be trusted to seek consultation immediately if needed, while patient is still on site. Needs to refine crisis plans in collaboration with supervisor. Needs input regarding documentation of risk. Rudimentary knowledge of research on risk factors.
E	Delays or forgets to ask about important safety issues. Does not document risk appropriately. Does not consistently inform other clinical team members about a patient's risk. Needs reminders in supervision regarding risk factors. Needs supervisor's reminders to seek out research literature on risk factors.
R	Makes inadequate assessment or plan, does not take measures to protect the patient. Does not seek immediate supervision in situations of elevated patient risk. Ignores, or unaware of, research regarding risk factors.
N/A	

4. Demonstrates skill in selecting both appropriate psychological tests and self-report measures to assist with assessment.

P	Is confident in selection of assessment tools to address referral questions. Understands psychometric properties of tools as well as strengths and weaknesses of each measure. Is able to defend choice of test as well as why others were excluded. Seeks out experiences with new tests to broaden their capabilities.
H	With supervision is able to select appropriate measures to address the referral question. With prompting will be able to explain why alternate measures would not be as useful as the measures chosen. Knows the basic psychometric properties of each test and is willing to seek out information regarding limitations and strengths of measures.
I	Has some knowledge regarding the selection of testing materials. Is open to discussion regarding the strengths and weaknesses of measures and utilizes supervision to learn about new tests. Researches additional measures with prompting.
E	Is beginning to learn about basic test selection and development. Does not usually bring up strengths and weaknesses of a measure and relies on supervisor for guidance. Needs strong or repeated supervisor encouragement to seek additional readings.
R	Has been unable or unwilling to choose appropriate measures to address a referral question. Does not seek to expand knowledge base regarding testing instruments. Poor knowledge of research literature on assessment. Ignores or resists new readings, new learning.
N/A	

5. Demonstrates skill in interpretation of psychological testing data.

P	Independently and thoroughly integrates testing data with the history of the patient. Explains discrepancies when possible. Will select additional measures to address discrepancies as able. Will recognize test construction or weakness of a measure as a possible reason for discrepancy.
H	With minimal supervision is able to explain outcome of assessment data and how data relate to the patient's history. With only routine prompting will be able to discuss and explain any discrepancies between patient's history and testing data. Generally recognizes that test construction is a possible explanation for discrepancies.
I	Has working knowledge regarding the interpretation of test data. Is able to recognize significant elevations on scales and, with routine supervision, can interpret testing data in the context of the patient's history and circumstances. Supervision often required in explaining any discrepancies between the data, the patient's history, including potential causes for discrepancies such as test construction factors.
E	Is beginning to learn about effective testing data interpretation. Struggles with integrating data with the history of the patient. Does not recognize significance of elevations of scales or does not recognize discrepancies between the patient's history and the data. Does not consistently recognize possible causes of discrepancies, such as test construction factors.
R	Unable to interpret testing data without extensive supervision. Does not exhibit a basic understanding of test construction. Does not seek to expand knowledge base regarding test interpretation. Ignores or resists new readings, new learning to expand knowledge base.
N/A	

6. Demonstrates assessment/psychological testing consultation skills.

P	Independently reviews consultation request to determine referral questions. Will contact referral source to clarify referral question and is confident in determining if testing will be useful to address referral question. Consistently provides thorough feedback to referral source in a timely and professional manner.
H	With minimal supervision is able to determine if testing is an appropriate way to address referral questions. Recognizes when testing may not be helpful. With only occasional prompting will contact referral source to clarify referral questions. Provides feedback to referral source with only rare need for reminders. Is able to summarize test findings in a succinct and appropriate manner. Includes all pertinent information in presentation.
I	Has reasonable knowledge regarding the appropriateness of testing to address a referral question. May need supervision to determine when to contact referral source to clarify question. Provides feedback to referral source but may require direct supervision in order for feedback to be thorough and effective. Is able to summarize test findings but sometimes needs closer supervision to do so in a succinct and professional manner.
E	Is beginning to seek out information regarding testing consults. Needs close supervision to recognize that testing may not be an appropriate way to address some referral questions. Needs frequent reminders to provide feedback, or feedback is often disjointed and poorly presented.
R	Does not seek further information regarding a testing consult even when recommended in supervision. Does not utilize supervision to question appropriateness of testing to address a referral question. Does not provide feedback to referral source without multiple reminders.
N/A	

b. Therapeutic Intervention Skills

1. Demonstrate ability to establish and sustain rapport with patients.

P	Establishes quality relationships with almost all patients, reliably identifies potentially challenging patients, addresses therapeutic alliance issues effectively and seeks supervision as needed. Consistently manages scheduling challenges to optimally meet treatment and situational needs of patients.
H	Generally comfortable and relaxed with most patients, consults effectively and handles anxiety-provoking or awkward situations so that they do not undermine therapeutic process. Generally manages scheduling challenges to optimally meet treatment and situational needs of patients.
I	Actively develops skills with new populations. Relates well when has prior experience with the population. May need frequent supervisory input to manage scheduling challenges to optimally meet treatment and situational needs of patients.
E	Has difficulty establishing rapport. Even with frequent supervisory input, struggles to manage scheduling challenges to optimally meet treatment and situational needs of patients.
R	Alienates patients or shows little ability to recognize problems. Frequently unable or unwilling to manage scheduling challenges to meet treatment and situational needs of patients.
N/A	

2. Demonstrates sensitivity to the cultural and individual diversity of patients. Committed to providing culturally sensitive services.

P	Discusses individual differences with patients when appropriate. Acknowledges and respects differences that exist between self and clients in terms of race, ethnicity, culture and other individual difference variables. Recognizes when more information is needed regarding patient differences and seeks out information autonomously. Aware of own limits to expertise. Actively seeks consultation/supervision on diversity. Strong knowledge of research literature on diversity factors in assessment and psychotherapy.
H	Acknowledges and respects differences that exist between self and clients in terms of race, ethnicity, culture and other individual difference variables; utilizes supervision/consultation effectively in application with individual patients. Needs only occasional supervisory input to recognize when more information is needed regarding patient differences, and then seeks out information autonomously. Usually aware of own limits to expertise. Actively seeks consultation/supervision on diversity. Good working knowledge of research literature on diversity factors in assessment and psychotherapy.
I	May have lack of knowledge regarding some patient groups, but resolves such issues effectively through supervision and literature searches. Open to feedback regarding limits of competence with diversity issues, and takes steps to enhance competence. Makes positive use of supervision/consultation on diversity. Basic working knowledge of research literature on diversity factors in assessment and psychotherapy, responsive to supervisor suggestions to seek additional readings.
E	Is beginning to learn to recognize influence of personal beliefs and cultural influences, which limit effectiveness with patient populations. Discussions of diversity issues must usually be initiated by supervisor. Rudimentary working knowledge of research literature on diversity factors in assessment and psychotherapy, needs strong supervisor encouragement to seek additional readings.
R	Has been unable or unwilling to surmount own belief systems and/or cultural influences to deal effectively with diverse patients. Poor knowledge of research literature on diversity factors in assessment and psychotherapy. Ignores or resists new readings, new learning.
N/A	

3. Demonstrates ability to formulate a useful case conceptualization that draws on theoretical and research knowledge. Collaborates with patient to form appropriate treatment goals, works toward goals systematically.

P	Independently produces good case conceptualizations within the chosen theoretical orientation, can also draw insights into cases from other orientations. Consistently sets, works toward realistic goals with patients. Strong knowledge of research literature regarding preferred orientation.
H	Reaches case conceptualization on own, recognizes improvements when pointed out by supervisor. Good working knowledge of research literature regarding preferred orientation. Readily identifies emotional issues but sometimes needs supervision for clarification. Sets appropriate goals, works toward them with patients, with occasional prompting from supervisor, distinguishes realistic and unrealistic goals.
I	Reaches case conceptualization with supervisory assistance. Aware of emotional issues when they are clearly stated by the patient, needs supervision for development of awareness of underlying issues. Requires ongoing supervision to set therapeutic goals, pursue those goals, aside from those presented by patient. Acceptable basic knowledge of literature regarding preferred orientation.
E/R	Responses to patients indicate significant inadequacies in theoretical understanding and case formulation. Misses or misperceives important emotional issues. Unable to set or work toward appropriate treatment goals with patients. Rudimentary knowledge, at best, of literature regarding preferred orientation..
N/A	

4. Demonstrates appropriate knowledge of, use of empirical literature to support therapeutic interventions and treatment plans, as well as in supervision discussion.

P	Fully dedicated to expanding knowledge and skills, independently seeks out information to enhance clinical practice utilizing available databases, professional literature, seminars and training sessions, and other resources. Eager independent consumer of empirical research on clinical practice.
H	Shows initiative, eager to learn, and beginning to take steps to enhance own learning. Identifies areas of needed knowledge with specific clients. Asks for and responsive to supervisor's suggestions of additional informational resources, and pursues those suggestions.
I	Solid understanding and/or application of empirical literature. Relies solely on knowledge of supervisor to enhance new learning.
E	Demonstrates superficial understanding of empirical literature and/or does not apply it consistently during development of treatment plan or therapeutic intervention.
R	Unwilling to acquire or incorporate new information into practice. Resists suggestions to expand clinical perspective. Procrastinates on readings assigned by supervisor.
N/A	

5. Demonstrates planning and delivery of interventions which are well-timed, effective, consistent with patients' treatment needs and, where relevant, consistent with empirically supported treatment protocols.

P	Interventions and discussions with patients facilitate patient acceptance and change. Consistently, effectively utilizes empirically supported therapies whenever indicated and appropriate. Demonstrates motivation to increase knowledge and expand range of interventions through regular reading plus consultation as needed. Consistently maintains non-judgmental perspective on patient challenges while therapeutically addressing challenges to therapeutic gains. Consistently refers for multidisciplinary consultation/ treatment when indicated.
H	Most interventions and discussions with patients facilitate patient acceptance and change. Supervisory assistance needed for timing and delivery of more difficult interventions with highly complex cases. Generally effectively utilizes empirically supported therapies whenever indicated and appropriate. Generally seeks new readings, additional consultation to assist with planning and delivery of interventions. Generally maintains non-judgmental perspective on patient challenges while therapeutically addressing challenges to therapeutic gains. Consistently refers for multidisciplinary consultation/ treatment when indicated.
I	Many interventions and interpretations are delivered and timed well. Needs supervision to plan interventions and clarify aim of intervention. With some supervisory direction required, effectively utilizes empirically supported therapies whenever indicated and appropriate. Collaborates with supervisors on use of literature, makes good use of supervisor-assigned readings and consultation. May need direct assistance with more challenging situations to maintain non-judgmental perspective on patient challenges while therapeutically addressing challenges to therapeutic gains.
E	Some interventions are accepted by the patient while some others are rejected by patient. Sometimes has difficulty targeting the interventions to patient's level of understanding and motivation. Needs strong encouragement to utilize empirically supported therapies, and to seek new readings or consultation. Has difficulty maintaining non-judgmental perspective on patient challenges, struggles with therapeutically confronting challenges to therapeutic gains. Often does not recognize need for multidisciplinary consultation/ treatment.
R	Most interventions and interpretations are rejected by patient. Has frequent difficulty targeting interventions to patients' level of understanding and motivation. Negligent or contraindicated use of intervention techniques. Lacks ability to formulate a case and develop/execute intervention. Resists or ignores opportunities for empirically supported treatments and/or recommended readings or consultations regarding intervention. Generally unable to maintain non-judgmental perspective. Fails to recognize need for multidisciplinary consultation/treatment in most cases.
N/A	

6. Demonstrates ability to evaluate efficacy of interventions.

P	Little to no supervision needed to regularly select and utilize appropriate outcome measures to monitor therapeutic progress, when such measures are applicable. Able to cogently discuss situations where empirically derived outcome measures may not represent actual patient progress, such as secondary gain. Demonstrates motivation to increase knowledge and expand range of evaluative measures through reading and consultation.
H	With reminders in supervision, often selects and utilizes appropriate outcome measures to monitor therapeutic progress when such measures are applicable. With inquiry, can recognize situations where empirically derived outcome measures may not represent actual patient progress, such as secondary gain. With occasional encouragement, seeks to increase knowledge and expand range of evaluative measures through reading and consultation.
I	With supervisory direction, able to select and utilize appropriate outcome measures to monitor therapeutic progress when such measures are applicable. Beginning to recognize situations where empirically derived outcome measures may not represent actual patient progress, such as secondary gain. Utilizes resources from supervisor to increase knowledge and expand range of evaluative measures through reading and consultation.
E	Periodic difficulty selecting and utilizing appropriate outcome measures to monitor therapeutic progress when such measures are applicable. Some difficulty recognizing situations where empirically derived outcome measures may not represent actual patient progress, such as secondary gain. Needs significant encouragement from supervisor to increase knowledge and expand range of evaluative measures through reading and consultation.
R	Frequent or consistent difficulty selecting and utilizing appropriate outcome measures to monitor therapeutic progress when such measures are applicable. Even with supervision, difficulty recognizing situations where empirically derived outcome measures may not represent actual patient progress, such as secondary gain. Needs frequent direction from supervisor to increase knowledge and expand range of evaluative measures through reading and consultation; may resist such application.
N/A	

7. Demonstrates good knowledge of the ethical principles of general clinical practice. Consistently applies these appropriately, seeking consultation as needed.

P	Spontaneously and consistently identifies potential ethical issues and addresses them proactively. Judgment is reliable about when consultation is needed.
H	Consistently recognizes potential ethical issues, appropriately asks for supervisory input.
I	Generally recognizes situations where ethical issues might be pertinent, is responsive to supervisory input.
E	Often unaware of important ethical issues.
R	Ignores ethical concerns, or disregards supervisory input regarding professional ethics.
N/A	

II. Navy/Military Psychology Clinical Practice Skills

a. Professional, Ethical, and Military Development

1. Demonstrates understanding of impact of military life on mental health issues.

P	Independently arrives at the identification and clarification of the military service and lifestyle impact upon the patient, including impact upon the patient's individual functioning, family functioning, diagnoses, and treatment options. Consults with other professionals creatively to refine treatment options and interventions.
H	Has a good understanding of how the demands of military service impact the patient's individual functioning, family, diagnoses, and treatment options. Needs little supervision in clarifying the impact of subtle factors on the patient.
I	Is aware of and able to assess many of the military demands upon the patient and their impact on the patient's individual functioning, family, diagnoses, and treatment options. Needs some degree of ongoing supervision/consultation to clarify the more subtle impact on individual patients.
E	Aware of some of the impact military life might have on the patient's individual functioning, family, diagnoses, and treatment options. Needs frequent supervision to clarify the impact.
R	Does not have an understanding of military functioning, and impact on family, individual functioning, diagnoses, and treatment options. Not able to incorporate into assessment and treatment plans even with supervision.
N/A	

2. Demonstrates good knowledge of the ethical principles as specifically applied to military practice situations, as well as military laws and regulations. Consistently applies these appropriately, seeking consultation as needed.

P	Spontaneously and consistently identifies ethical and legal issues impacting military clinical practice, and addresses them proactively. Judgment is reliable about when consultation is needed.
H	Consistently recognizes ethical and legal issues impacting military clinical practice, appropriately asks for supervisory input.
I	Generally recognizes situations where ethical and legal issues might be pertinent to military clinical practice, is responsive to supervisory input.
E	Often unaware of important ethical and legal issues impacting military clinical practice.
R	Ignores ethical or legal concerns impacting military clinical practice, or disregards supervisory input regarding ethics or law.
N/A	

3. Demonstrates understanding of appropriate military resources and channels in case dispositions, and skill in liaison with military referral sources and military commands.

P	Relates well to patients' commands and other appropriate agencies/professionals. Able to provide appropriate feedback and disposition recommendations to commands. Highly effective psychology consultant to military commands.
H	Requires occasional input regarding the manner of delivery or type of feedback given to commands. Generally strong, effective psychology consultant to military commands.
I	Requires some ongoing supervisory input regarding the feedback given to military commands. Has developed good working knowledge of military command psychological consultation.
E	Needs continued guidance and continued input regarding appropriate feedback and military disposition recommendations. Has difficulty consulting without intensive supervisory oversight.
R	Unable to establish rapport or communicate recommendations clearly. Ineffective consultant, may require supervisor to take over consultation with military commands.
N/A	

4. Demonstrates professional and appropriate interactions with military commands, multidisciplinary treatment teams, peers and supervisors.

P	Smooth working relationships, handles differences openly, tactfully and effectively. Consistently strong leadership of multidisciplinary consultation and treatment teams. Actively seeks, utilizes collegial support.
H	Actively participates in team meetings. Appropriately seeks input from supervisors to cope with rare interpersonal concerns in professional relationships. Effective leadership of multidisciplinary consultation and treatment teams. Generally seeks, utilizes collegial support.
I	Progressing well on providing input in team meetings. Effectively seeks assistance to cope with interpersonal concerns in professional relationships. With supervisory encouragement, can provide effective leadership of multidisciplinary consultation and treatment teams. Often seeks, utilizes collegial support, but may need supervisory reminders to do so.
E	Ability to participate in team model is limited, but generally relates appropriately to peers and supervisors. Even with supervisory encouragement, may struggle to provide effective leadership of multidisciplinary consultation and treatment teams. May need frequent encouragement to seek and utilize collegial support.
R	May be withdrawn and/or non-contributory in team meetings, overly confrontational, insensitive or may have had hostile interactions with colleagues. Not able to provide effective leadership of multidisciplinary consultation and treatment teams.
N/A	

5. Demonstrates positive coping strategies with personal, professional/military stressors and challenges. Maintains professional functioning and quality patient care.

P	Good awareness of personal and professional problems. Stressors have only mild impact on professional practice. Actively seeks supervision, consultation, and/or personal therapy to resolve issues. Demonstrates appropriate therapeutic, professional, and military boundaries.
H	Good insight into impact of stressors on professional functioning, seeks supervisory input, consultation, and/or personal therapy as indicated to minimize this impact. Demonstrates appropriate therapeutic, professional, and military boundaries.
I	Needs significant supervision time to minimize the effect of stressors on professional functioning. Accepts reassurance from supervisor well. Demonstrates appropriate therapeutic, professional, and military boundaries.
E	Personal problems can significantly disrupt professional functioning. Demonstrates questionable judgment with regard to therapeutic, professional, or military boundaries or behaviors.
R	Denies problems or otherwise does not allow them to be addressed effectively. Poor therapeutic, professional, or military boundaries.
N/A	

Additional Comments:

_____ _____

Supervisor's Signature Intern's Signature

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CLINICAL PSYCHOLOGY INTERN'S SUPERVISORY PERFORMANCE

Intern Rank/Name	
Supervisor Name **Dr. Mather**	**Date** **Mid-rotation/ End-rotation (circle one)**

Competency Ratings Descriptions

P Professional Skill Level:

Skill level comparable to autonomous practice at a post-doctoral or entry-level job position. Rating expected at completion of internship training.

H Highly Developed:

Occasional supervision is needed. A frequent level of performance demonstrated at the completion of a rotation. Competency attained in all but non-routine cases; supervisor provides overall management of intern's activities; depth of supervision varies as clinical needs warrant.

I In Progress:

Should remain a focus of supervision. Common skill level during the course of a rotation. Routine supervision of activities and responsibilities required.

E Entry Level:

Skill level expected at the commencement of a rotation. Continued intensive supervision is needed. Routine, but close, ongoing, and regular supervision is needed.

R Remedial Work Required:

Requires remedial work of intern. Insufficient skill level and professionalism demonstrated. Not a passing rating for a rotation.

N/A Not applicable for this rotation/Not assessed during rotation.

LEARNING OBJECTIVES

a. Supervising Patient Assessment

1. Demonstrates skill in assisting supervisees in synthesizing DSM-IV diagnoses based on relevant clinical, historical, and test data.

P	Demonstrates a thorough knowledge of mental health classification, including multi-axial diagnoses and relevant diagnostic criteria. Highly adept in assisting supervisees in attaining similar knowledge and skill.
H	Has a good working knowledge of mental health diagnoses. Is thorough in consideration of relevant patient data, and diagnostic accuracy is typically good. Generally provides useful supervision in more complicated cases involving multiple or more unusual diagnoses and problems.
I	Understands basic diagnostic nomenclature and is able to accurately diagnose many mental health problems. May miss relevant patient data when supervising others in assessment. Requires supervisory input on more complex diagnostic decision-making supervision.
E	Has a theoretical knowledge and understanding of basic diagnostic nomenclature. May miss relevant patient data when supervising diagnostic work. Requires staff supervisory input on most supervision of diagnostic decision-making.
R	Has significant deficits in understanding of the mental health classification system and/or ability to use DSM-IV criteria to develop a diagnostic conceptualization. Significant difficulty supervising others in assessment and diagnosis.
N/A	

b. Supervising Psychotherapy

1. Demonstrate ability to assist supervisees in establishing and sustaining rapport with patients.

P	Encourages/reinforces quality relationships of supervisees with almost all patients, reliably identifies potentially challenging patients for supervisees, addresses transference and countertransference issues effectively in course of supervision.
H	Generally comfortable and relaxed in addressing supervisees' alliance with patients, consults effectively on handling anxiety-provoking or awkward situations so that they do not undermine supervisees' therapeutic process.
I	Actively developing skills with supervision of alliance/rapport. Typically supervises effectively with routine rapport/alliance questions and issues.
E	Has difficulty recognizing alliance issues of supervisees, or struggles in addressing such problematic situations.
R	Fails to recognize rapport/alliance issues of supervisees, or recommends actions which might worsen such situations.
N/A	

2. Sensitive to the cultural and individual diversity of patients and supervisees. Committed to providing culturally sensitive services and supervision.

P	Discusses individual differences with supervisees when appropriate. Acknowledges and respects differences that exist between self, supervisees, and clients in terms of race, ethnicity, culture and other individual difference variables. Recognizes when more information is needed regarding supervisee or patient differences and seeks out information autonomously. Aware of own limits to expertise. Actively seeks consultation/supervision on diversity impacts in supervision.
H	In supervision with staff, recognizes and openly discusses limits to competence with diverse supervisees and clients. Frequently seeks supervision/consultation on diversity impacts on supervision. Generally able to provide useful assistance to supervisees on diversity issues.
I	Has limited knowledge regarding some diversity issues involving supervision, but resolves such issues effectively through supervision with staff. Open to feedback regarding limits of competence. Makes use of supervision/consultation from staff on diversity as it impacts work with supervisees. Developing effective skills in providing supervision on these issues.
E	Is beginning to learn to recognize beliefs which may limit effectiveness with supervisees and/or patients on diversity issues. Discussions of diversity issues with supervisees must usually be encouraged or initiated by staff supervisor.
R	Has been unable or unwilling to surmount own belief systems to deal effectively with diverse supervisees or diversity situations impacting patients.
N/A	

3. Assists supervisees in formulating useful case conceptualizations that draws on theoretical and research knowledge. Collaborates with supervisees to form appropriate treatment goals with their patients.

P	Independently assists supervisees in producing good case conceptualizations within the supervisee's theoretical orientation, can also assist in drawing insights into cases from other orientations. Consistently assists supervisees in setting realistic goals with patients. Strong knowledge of research literature regarding preferred orientation.
H	Generally assists supervisees in reaching case conceptualization on own. Good working knowledge of research literature regarding preferred orientation, can generally convey that knowledge to supervisees. Readily can assist in identifying overt emotional issues but sometimes needs staff supervision for clarification. Sets appropriate goals with occasional prompting from staff supervisor, generally distinguishes realistic and unrealistic goals with supervisees. Generally effective in assisting supervisees in framing goals within theoretical and research-driven parameters.
I	Needs significant staff assistance in supervising case conceptualization. Aware of emotional issues of patients when they are clearly stated by supervisees, needs staff supervision for assisting supervisees in identifying subtle, underlying issues. Requires ongoing supervision to assist supervisees in setting therapeutic goals aside from those presented by patient. Acceptable basic knowledge of literature regarding preferred orientation.
E/R	Responses to supervisees indicate significant inadequacies in theoretical understanding and case formulation. Misses or misperceives important emotional issues impacting work of supervisees. Struggles or unable to assist supervisees in setting appropriate treatment goals with patients. Rudimentary knowledge of applicable theoretical and research literature.
N/A	

4. Encourages supervisees in appropriate use of empirical literature to support therapeutic interventions and treatment plans

P	Fully dedicated to expanding supervisees' knowledge and skills, recommends available databases, professional literature, and other resources. Eager independent consumer of empirical research on clinical practice, effectively conveys this knowledge to supervisees.
H	Shows initiative, eager to learn, and beginning to take steps to enhance supervisees' learning. Identifies areas of knowledge needed by supervisees with specific clients. Asks for and responsive to staff supervisor's suggestions of additional informational resources, and pursues those suggestions with supervisees.
I	Solid understanding and/or application of empirical literature. Relies predominantly on knowledge of supervisor to enhance new learning of supervisees.
E	Demonstrates superficial understanding of empirical literature and/or struggles to apply it consistently in work with supervisees.
R	Unable or unwilling to acquire or incorporate new information into supervision practice. Resists staff suggestions to expand clinical supervision perspective. Procrastinates on readings assigned by staff supervisor.
N/A	

5. Assists supervisees in planning and carrying out interventions which are well-timed, effective and consistent with empirically supported treatment protocols.

P	Little to no staff supervision needed to help supervisees formulate cases and plan/execute intervention. Demonstrates motivation to increase supervisees knowledge and expand their range of interventions through reading and consultation as needed.
H	Assists supervisees so that most interventions and interpretations facilitate patient acceptance and change. Staff supervisory assistance often needed for timing and delivery of more difficult supervisory interventions. Generally encourages supervisees to seek new readings, additional consultation to assist with such interventions.
I	Assists supervisees so that many interventions and interpretations are delivered and timed well. Staff supervisory assistance generally needed to assist supervisees in planning interventions and clarifying aim of intervention. Makes good use of readings and consultation recommended by staff supervisor.
E	Often has difficulty targeting supervisees' interventions to patient's level of understanding and motivation. Difficulty with supervisees in formulating cases and assisting in development/execution of interventions without significant staff supervisor input or direction. Needs strong staff encouragement to seek new readings or consultation.
R	Has frequent difficulty with supervision of targeting interventions to patients' level of understanding and motivation. May recommend that supervisee engage in negligent or contraindicated use of intervention techniques. Lacks ability to assist supervisees in formulating a case and developing/executing intervention. Resists or ignores recommended readings or consultations regarding intervention and supervision.
N/A	

c. Supervising Professional, Ethical, and Military Development

1. Understanding of impact of military life on mental health issues. Effectiveness in supervising liaison with commands.

P	In supervision, conveys excellent understanding of impact of military life on patient mental health. Gives consistently useful recommendations to supervisees on effective psychology consultation to military commands.
H	In supervision, conveys generally good understanding of impact of military life on patient mental health. Utilized staff supervisory input well on supervision of militarily difficult cases. Gives generally useful recommendations to supervisees on effective psychology consultation to military commands.
I	In supervision, conveys working understanding of impact of military life on patient mental health. Usually needs staff assistance to provide useful recommendations to supervisees on effective psychology consultation to military commands.
E	Inconsistent understanding of impact of military life on patient mental health leads to struggles in supervision on such issues. Needs significant staff guidance on most cases in order to assist supervisees in effective psychology consultation to military commands.
R	Poor understanding of impact of military life impact on mental health makes supervision ineffective when military issues are involved. Poor recommendations regarding military command liaison, even with intensive staff oversight.
N/A	

2. Demonstrates good knowledge of the ethical principles and military laws and regulations. Consistently applies these appropriately in work with supervisees, seeking consultation as needed.

P	Spontaneously and consistently identifies ethical and legal issues and addresses them proactively in work as supervisor. Judgment is reliable about times when staff consultation is needed.
H	Consistently recognizes ethical and legal issues in work as supervisor, appropriately asks for supervisory input to assist in supervision of militarily or ethically difficult cases.
I	Generally recognizes basic situations where ethical and legal issues impact work as supervisor. Needs significant staff assistance in supervising more ethically or militarily difficult cases.
E	Often unaware of important ethical and legal issues impacting supervision. May struggle in addressing such issues when they arise with supervisees.
R	Ignores or unable to address ethical or legal concerns impacting supervision. May disregard staff supervisory input regarding supervision of ethical or legal issues.
N/A	

Additional Comments:

_____ _____

Supervisor's Signature Intern's Signature

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CLINICAL PSYCHOLOGY INTERNSHIP
INTERN EVALUATION OF ROTATION

Intern: _____ Date: _____

Rotation: _____

This evaluation is designed for use by the faculty in assessing and, when indicated, modifying the internship rotations. We ask that you be thoughtful and straightforward in answering the questions. Then, please give your evaluation to your primary supervisor on the rotation, but NOT before receiving the final evaluation your supervisor has completed regarding your work on the rotation. Also, please give a copy to Dr. Mather.

Our sincere thanks for completing this!

1. Briefly describe your goals for learning during this rotation.

2. How well were these goals met over the course of the rotation? Briefly discuss.

3. What were the most useful aspects of this rotation? Briefly discuss.

4. What aspects of the rotation could be improved, and how?

5. Briefly discuss how supervision during the rotation was helpful to you.

6. How could supervision have been improved to be more helpful?

7. Any additional comments, suggestions, etc., for this rotation?

INTERN SEMINAR REVIEW

Title of Presentation: _____

Presenter: _____

Date: _____

Please rate the following items: 5 = Strongly Agree, 4 = Agree, 3 = Disagree, 2 = Strongly Disagree, 0 = Not Applicable

Instructor was knowledgeable about subject matter.	5	4	3	2	0
Presenter facilitated discussion.	5	4	3	2	0
Presentation was clear, concise, and logical.	5	4	3	2	0
Audiovisuals/handouts enhanced learning.	5	4	3	2	0
Time allocation was sufficient, allowed discussion.	5	4	3	2	0
Material presented appropriate to my level of knowledge.	5	4	3	2	0
Material was clinically relevant and/or research based.	5	4	3	2	0
I would like this presenter to present in the future.	5	4	3	2	0

Please add your comments or suggestions. Thanks!

CLINICAL PSYCHOLOGY INTERNSHIP END OF PROGRAM CRITIQUE

Name: _____

Inclusive Dates of Program: _____

This is your opportunity, at the completion of your internship, to provide your analysis of the internship - both positives and negatives - to assist the faculty in continuous assessment and strengthening of the program. We ask that you submit this prior to your final checkout from the internship.

Please submit a thorough assessment of the internship, considering the entire year, and submit to the Director of Training. It is especially helpful if you can specifically address the following areas:

1. Clinical training and rotations
2. Didactics – seminars, Grand Rounds, longer courses
3. Supervision
4. Operational Psychology orientation and familiarization
5. Anything else you'd like to address.

Again, we welcome and carefully consider both positive comments and constructive criticism. We greatly appreciate your thorough and frank assessment of our program!